

changes have been made because that will determine what first amendments might be offered or what the tone of the debate will be as we open this legislation. I am sure we are going to be able to go to the Patients' Bill of Rights in a reasonable period of time, but at this time I have been asked to object. So I object.

The PRESIDING OFFICER (Mr. WARNER). Objection is heard.

Mr. REID. Mr. President, I say before my friend leaves that we have copies of the legislation, and we will be happy to let anyone who wants look at it. I hope, as the minority leader indicated, that we can move to this bill tomorrow. If not, of course, there are other procedural things we can do to get to it eventually.

I have spent time with Senator GREGG in recent weeks, and he is a pleasant man to be with. I know Senator FRIST is well advised about this legislation. This has been going on for years, and we hope we can finally dispose of it one way or the other in the near future. I not only appreciate what the Senator has said but the tone in which he said it. We look forward to seeing if we can work it out tomorrow.

ORDERS FOR TUESDAY, JUNE 19, 2001

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until the hour of 10 a.m., Tuesday, June 19. I further ask consent that on Tuesday, immediately following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate begin a period for morning business at 11:30 a.m., with Senators permitted to speak for up to 10 minutes each, with the following exceptions: Senator KYL from 10 a.m. to 10:30 a.m.; Senator BROWBACK from 10:30 a.m. to 10:40 a.m.; Senator DURBIN, or his designee, from 10:45 a.m. until 11:30 a.m., with Senator HOLLINGS in control of 10 minutes of Senator DURBIN's time.

Further, I ask unanimous consent that tomorrow, after the morning business hour has expired, the Senate be in recess from 12:30 p.m. until 2:15 p.m. for the weekly party conferences.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. REID. Mr. President, on Tuesday the Senate—as I have talked with the minority leader today—will convene at 10 a.m. with a period for morning business until 11:30 a.m. If agreement is reached, the Senate will begin consideration of the Patients' Bill of Rights on Tuesday at 11:30 a.m. The Senate, as I said, will recess from 12:30 p.m. to 2:15 p.m.

ORDER FOR ADJOURNMENT

Mr. REID. Mr. President, I ask unanimous consent that following the remarks of Senators SPECTER, KENNEDY, and HELMS, the Senate stand in adjournment under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SPECTER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. KENNEDY. Mr. President, tomorrow I am very hopeful we will at long last have the opportunity to consider, again, legislation to protect American patients from HMO abuses. Across the country, we have seen abuses as a result of HMOs interfering with the decisions being made daily by doctors, nurses, and family physicians. Health care professionals are seeing their decisions overruled by HMO accountants who, in many instances, are many miles away. These accountants do not have the professional training that the doctors and the nurses initially making that judgment and decision have received. They are not seeing the patient and are more interested in the bottom line for the HMO rather than the good outcome for the patient.

This legislation has been out there for nearly 5 years. During that period of time, we have had some debate. We have had some votes in the Senate, but it seems to me we now have a chance to finally give Americans the protections they want and deserve.

I will take a few moments this afternoon to review, once again, what this legislation is about. This legislation recognizes that managed care too often means "mismanaged" care. We have the opportunity to change that. We should change it and establish a minimum standard of quality care. If individual States want to build on those standards, that should be the decision for the States, but we ought to establish a minimum standard. That is what this legislation, before the Senate tomorrow, will do.

This legislation basically incorporates the protections which are already in effect in the Medicare and Medicaid protections. Many of the protections included in this bill have been recommended by insurance commissioners who are not Democrats or Republicans. Actually, if you looked, there are probably more Republicans than Democrats among this group. A few protections included in the bill are the result of the unanimous bipartisan commission, set up 3 years ago, that made a series of recommendations. The

protections included here reflect a unanimous vote by the commission.

I will review them quickly. It is important we understand the introduced proposal now known as the McCain-Edwards legislation. I am a strong supporter. Senator DASCHLE is a strong supporter, as well as others. Over the weekend, more than 44 State medical societies wrote their Senators indicating their strong support for this legislation. As of this afternoon, more than 600 health organizations from across the country support the McCain-Edwards legislation.

I would be surprised if the other side can find about 15 supportive organizations. Virtually the entire medical community—not only the professional doctors, nurses, consumers, but the advocates—understand the importance of this legislation and support it, along with the senior organizations. The disability community understands this legislation. This bill provides care for children and others that have special needs as a result of their condition. Virtually every health organization supports it. This bill has bipartisan support.

Sixty-three Republicans effectively supported this legislation in the House of Representatives, and it has bipartisan support in the Senate. I daresay if one asks Republicans or Independents across the country—whether in the upper parts of the State of Maine, southern Florida, California, or the State of Washington—this bill has common interest and common concern across the Nation. So many of the issues we deal with in the Senate have support only in one region of the country among one particular group, and they usually face strong opposition in other parts of the country.

The principal opposition—the singular opposition—is the insurance companies and the HMOs. If one looks at the breadth of support on our side, it is not just the bipartisan membership bringing this and supporting this, Republicans and Democrats alike. Dr. NORWOOD in the House of Representatives, Congressman GANSKE, and others in the House of Representatives—along with Congressman DINGELL support the bill. In the Senate, we have Senator MCCAIN and others, including Senator SPECTER, who is on the floor at this time, and other Members who support this concept.

It is understandable because this bill has compelling reason for protections. They are commonsense protections. First, we want to protect all patients. That is very fundamental and important. We don't want legislation that alleges coverage for all, but creates sufficient loopholes so large numbers of our American families will not be covered. President Bush has recognized this principle. He wants to make sure all families and all patients will be covered.

We talk about access to specialists. It includes out-of-network service. I can remember in my own family situation, my son Teddy was 12 years old,